



Farmers Package Policy - Proposal Form

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. All details with * are mandatory.
2. Please answer the questions fully and correctly. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please leave one box blank between two words while writing address.
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (✓) mark wherever applicable.
4. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the proposal form.
Note: The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.
5. Any wrong information provided by you may result in the rejection of your claim.

PLEASE USE ONLY ORIGINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

FOR OFFICE USE ONLY

Branch Code	:	<input type="text"/>	Intermediary Reference Code	:	<input type="text"/>
Intermediary Code*	:	<input type="text"/>	Sales Manager Code	:	<input type="text"/>
Intermediary Employee Code	:	<input type="text"/>			

PROPOSER'S INFORMATION

Title* (Pls. Tick) Mr. Ms. Mrs.

Name*:

Father's Name:

Gender*: Male Female **Date of Birth*:**

Marital Status*: Single Married **Age*:**

Correspondence Address:

Block/No.*: **Building Name:**

Street Name: **Locality:**

Landmark*:

City/Village*: **Pin Code*:**

State*: **Post Office:**

Tehsil*: **PAN No.:**

Telephone: **Mobile No.*:** **Landline No.:**

Email ID:

Proposed period of Insurance: From _____ hrs on: **To Midnight on:**

Farmhouse Address:

Farm Produce (Godown) Address::

Previous Policy Number (to be filled only in case of renewal):

Coverages :

1) Cover 1: Standard Fire & Special Perils Policy.

a) Buildings

i) Construction details:

Walls: RCC Brick AC Others (please specify) _____

Roof: RCC Tiles AC GI Sheet Others (please specify) _____

ii) Is the Farmhouse used as normal place of residence? Yes No

iii) If 'No' is the Farmhouse occupied 24 hours? Yes No

iv) Basis of valuation - Reinstatement value Yes No

	Description of Building	Sub-limit of Sum Insured, if any
Total Sum Insured		

b) Contents (Compulsory Cover)

- i) Please provide values of the Contents located in the Farmhouse.

Note:

- i) Please ensure that the values in respect of the Contents is the replacement value of the item at the commencement date of the Policy Period, being the cost or replacing that item of the same kind and capacity.
ii) Any single item of Contents which is more than 10% in value of the total Sum Insured should be separately mentioned.

	Description of Contents	Sub-limit of Sum Insured, if any
Total Sum Insured		

Optional covers - applicable for both cover 1 (a) and 1 (b)

STFI: Yes No Earthquake: Yes No Terrorism: Yes No

Cover 2: Burglary and Robbery

a) Contents in Farmhouse: (Compulsory cover)

(Note: The Sum Insured should be the same as that provided above under Cover 1 (b): Contents)

	Description of Contents	Sub-limit of Sum Insured, if any
Total Sum Insured		

Cover 3: Farm Produce:

- a) Farm Business:
b) Farm Produce:

	Details of Farm Produce & Storage Location	Sub-limit of Sum Insured, if any
Total Sum Insured		

Note:

- i) Please ensure that the value in respect of the Farm Produce is the replacement value of the Farm Produce at the commencement date of the Policy Period, being the cost or replacing the Farm Produce with equivalent farm produce of the same kind.
ii) Specific Sum Insured to be mentioned if goods held in trust or commission are to be covered.

Cover 4: Agriculture Pump Set

a) Pump Set

	Number, Make, Year of Manufacture, Electrical or Diesel	Value	Sub-limit of Sum Insured, if any
Total Sum Insured			

Note: Please ensure that the value in respect of the Pump Set is the replacement value of the Pump Set at the commencement date of the Policy Period, being the cost or replacing that Pump Set with an equivalent pump set of the same kind and capacity.

- b) Is the Pump Set in working condition? Yes No
c) Is the Pump Set with ISI mark: Yes No

Cover 5: Television (All Risk)

Make/Model	Date of Purchase	Identification Number	Warranty period (if any)	Value

(Note: Minimum Sum Insured can be Rs.1,000/-)

Cover 6: Poultry

a) Poultry

- i) Is the poultry on the Farm owned by you? Yes No
- ii) Is it located within your Farm? Yes No

(Note: Cover is available only if both answers above are "Yes")

	Type of Poultry	Average Age	Number	Value	Sub-limit of Sum Insured, if any
	[Broiler]				
	[Layer]				
Total Sum Insured					

Note:

- i) Please ensure that the value in respect of the poultry is the replacement value as at the commencement date of the Policy Period, being the cost of replacing the poultry of the same type, breed, age and health.
- ii) The number of poultry should be a minimum of 100 if bank financed or a minimum of 500 otherwise.
- iii) If there is bank finance, please give details as below:

Name of Bank	Branch	Date of taking finance	Remarks

- iv) Is Certificate from a qualified veterinarian practitioner enclosed regarding the good health of the poultry? Yes No
- v) Are proper and daily records maintained on the treatment, de-beaking, daily stock position, feed consumption, egg production undertaken for the poultry and are certificates being issued for the same by a qualified veterinary practitioner? Yes No

Cover 7: Cart Protection & Liability (Non-Motorised)

a) Cart

- i) Sum Insured:

(Note: Please ensure that the insured value of the Cart is its replacement value at the commencement date of the Policy Period, being the cost or replacing that Cart with an equivalent cart of the same kind and capacity)

b) Death/PTD of the animal attached to the Cart

- i) Sum Insured

(Note: Please ensure that the value of the animal is its replacement value as at the commencement date of the Policy Period, being the cost of replacing the animal of the same type, breed, age and health)

c) Death/PTD of driver authorised by Insured.

- i) Sum Insured: Maximum of Rs. 1 Lakh.

d) Third Party Liability

- i) Limit if Indemnity.

Cover 8: Tractors

a) Sum Insured/Insured Declared Value (IDV)

	Number, Make and Year of Manufacture	Value	Sub-limit of Sum Insured, if any
Total Sum Insured			

(Note1: Please ensure that the IDV for the Tractor is as per depreciation value of Indian Motor Tariff/replacement value of the tractor at the kind and capacity.)

(Note 2: Additional add on covers as per Indian Motor Tariff with values we indicate in the above table.)

Cover 9: Pedal Cycle

a) Pedal Cycle

	Number, Make and Year of Manufacture	Value	Sub-limit of Sum Insured, if any
Total Sum Insured			

Note: Please ensure that the value for the Pedal Cycle is the replacement value at the commencement date of the Policy Period, being the cost or replacing that Pedal Cycle with an equivalent pedal cycle of the same kind and capacity)

b) Third Party Liability:

Limit of Indemnity: _____

Cover 10. my:health Personal Accident Insurance.

PROPOSED POLICY DETAILS (Please provide details of your proposed policy)

Policy Type: Individual Family Package Pre-Packaged Option (Please write the option number) _____

PROPOSED INSURED(S) INFORMATION (Please provide more details of the people who are being covered in this policy)

Sr. No.	Name (First, Middle & Last)	Relationship with Proposer	Date of Birth (DD/MM/YYYY)	Gender	Profession/Occupation (refer list at the end of the form)	Table of Benefit & Sum Insured		Annual Income	Existing Injury/Disability (if any)	Name of the Nominee/Relationship
						Table of Benefit selected (Refer 'Table of Benefit' in the brochure)	Sum Insured			
1.										
2.										
3.										
4.										
5.										
6.										

PREVIOUS/CURRENT INSURANCE DETAILS (Please enter previous/current insurer's details)

Is the proposer or the person(s) proposed to be insured currently insured or have been insured in the past under a Life / Accident Insurance Policy?

Yes No If Yes, please provide the details:

Sr. No.	Insured Name	Policy No.	Insurer	From Date	To Date	Sum Insured	Claim Details			Cumulative Bonus Earned	
							No. of Claims	Amount	Ailment	%	Amount (₹)
1.											
2.											
3.											
4.											
5.											
6.											

EXTENSIONS (not applicable for pre-fixed Package)

Do you wish to obtain cover against additional risks mentioned under extension cover? Yes No

If 'yes', specify which: Medical Extension: Option 1 Option 2 Cost of Travel: Cost of Supporting Item:

OCCUPATION LISTINGS (Select your occupation from below mentioned list)

Class I
Students, Housewives, Accountants, Doctors, Lawyers, Consulting Architects, Teachers, Engineers, Bankers, Person engaged in Administrative, Secretarial and Managerial Functions, Shopkeepers, Shop Assistants not using Machinery, Commercial Travelers and Persons employed in occupations of similar nature. Builders, Contractors and Engineers engaged in superintending functions only.

Class II
Paid Drivers of Motor Cars and Light Motor Vehicles and persons engaged in occupations of similar hazard. Persons engaged in Hazardous Goods, Chemicals, Grains Elevator, Shooting Gallery, Motor Driving Instructor, Public Transport. Construction Work, Geologists, Surveyors for Oil Companies, Heavy Equipment Operators, Security Guards, Forestry, Civil Engineer, Crew of Aircraft, Ocean going Vessels, Offshore Works, Persons engaged in Sports Duty, Film Show and Shooting except as Stunt.

Class III
Persons working in underground Mines, Explosives, Magazines, workers involved in Electrical installation with high-tension supply. Circus personnel, persons engaged in activities like racing on wheels or horseback, big game hunting, Mountaineering, Winter Sports, Skiing, Ice Hockey, Ballooning, Hand Gliding, River Rafting, Polo, Stuntman in Film and persons engaged in occupations / activities of similar hazard.

Cover 11: Baggage

(Note: Please note that Valuables are not covered under the Policy.)

a) Sum Insured

(Note: Maximum Sum Insured can be Rs.20,000/-)

CLAIMS EXPERIENCE AND PREVIOUS INSURANCE HISTORY

Over the preceding 5 year period, have you (or any person proposed to be insured under the policy for which this proposal form is completed):

a) made any claim under any insurance policy in respect of any of the insurance covers now proposed? Yes No

b) Had any claim under any insurance policy declined or refused in whole or a part?

c) Had any insurance cancelled, or accepted on special terms or conditions or rates?

Address for notification of claims: _____

Special Conditions or endorsements if any: _____

PREMIUM DETAILS (Please provide the details of premium payment)

Premium Amount: _____

Payment Option: Cash* Cheque DD Credit / Debit Card

Name of Premium Payer: _____

Amount in word: _____

*Premium in Cash will be accepted only at our branch offices.

For Cheque / DD (Payable in favour of "HDFC ERGO General Insurance Company Limited")

Instrument No.: _____ Instrument Date :

Instrument Amount: _____

Bank Name: _____

DECLARATION

I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answer and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the L&T General Insurance Company and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I /we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be insured/proposer and seeking information from any insurance company to which an application for insurance on the life to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Date:

Time: _____

Signature of Proposer

PROHIBITION OF REBATES - UNDER SECTION 41 OF INSURANCE ACT 1938

- 1) No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to 10 lakhs rupees.

Note: Policy is subject to the Board approved underwriting policy of the L&T General Insurance Co. Ltd.

ACKNOWLEDGEMENT

Received from Mr. / Ms. / Mrs. _____ Cheque No: _____

Dated: _____ Drawn on _____ Bank for a sum of ₹ _____

towards payment of premium on behalf of HDFC ERGO General Insurance Company Ltd.

Date Signature & seal _____

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 15 days.